

To be used for changes to registrations and terminations.

560
Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 4/24/08

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- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME BENOIT HARRY L
Last First MI

2. BUSINESS PHONE 337 298-1478

3. BUSINESS ADDRESS 492 NAVA ST BREAUX BRIDGE, WA 92251
Street and No. City State Zip

MAILING ADDRESS SAME _____ City _____ State _____ Zip _____
Street and No.

4. EMPLOYER SELF _____

5. EMPLOYER'S ADDRESS SAME AS ABOVE _____
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No ☒

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name F. M. HOOD & ASSOCIATES _____

Address 301 MAIN ST SUITE 1170 BATON ROUGE, LA. 70825

Business or purpose GOV. AFFAIRS - PIPELINES, OIL & GAS, CHEMICAL

☒ New Representation

Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

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2. Name AGS LLC OF DELAWARE
Address 201 GREER DR. SIMPSONVILLE, SC 29681
Business or purpose MANUFACTURE GAME MACHINES

☒ New Representation

Does this person pay you? YES

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____
Address _____
Business or purpose _____

☐ New Representation


Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist